



Contact Information (Please Print or Type)

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Business #	
Cell #	
Fax #	
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Yes, I would like to give our youth of today and tomorrow the promise of a future, by donating to the SJACF

Please indicate how you will: Annual Pledge of \$ _____ Monthly Pledge of \$ _____

One Time Pledge of \$ _____ Other \$ _____

Pledge Information:

I (we plan to make this contribution in the form of: Cash Check Money Order Credit Card

Credit Card Type	
Credit Card Number	
Expiration Date	
Authorized Signature	

Please Make All Checks/s Money Orders/ and Other Gifts Payable To:

Sultan Jihad Ahmad Community Foundation

1901 West Oxford Street

Philadelphia, PA 19121

You Can Also Donate At: www.sultanjihadahmadfoundation.org

